

# Renter Assistance Claim (for income received in 2001) 9000R

**STEP A**

Name,  
address,  
and  
social  
security  
number

SSN

Your first name		Initial	Last name	
Spouse's first name		Initial	Last name	
Present home address — number and street, PO Box or rural route				Apt. no.
City, town, or post office				State
				ZIP Code
Your social security number		Spouse's social security number		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

**IMPORTANT:**

Your social security number  
is required.

**STEP B**

Filing  
Status

1. Are you a United States citizen? Check "Yes" or "No" .. ☐ YES ☐ NO  
If you checked "Yes," skip line 2 and go to line 3.  
If you checked "No," go to line 2.
  2. Benefit Eligibility for Noncitizens ..... ☐ 2a. Alien Status Code  
If you are not a citizen of the United States, go to page 19. If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 19 on line 2a. Then enter your alien registration number on line 2b and your date of entry into the United States on line 2c.  
☐ 2b. Alien Registration Number  
☐ 2c. Date of Entry
  3. Enter your date of birth (example: 0 5 / 2 1 / 1 9 3 8) ..... ☐ 3. Date of Birth  
You must enter your date of birth MM DD Y Y Y Y
  4. Check the appropriate box if you were **one** of the following on December 31, 2001:
    - A. 62 years or older ☐ A ☐
    - B. Under 62 and blind ☐ B ☐
    - C. Under 62 and disabled (not blind) ☐ C ☐
- See the instructions on page 6, line 4a if you turned 62 on 1/1/02. See instructions on page 6 and page 7 to see if you must attach a proof document to your claim. If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Renter Assistance claim.*

**STEP C**

Rental  
Information

Complete  
line 5  
through  
line 7.

5. Enter the total number of months during 2001 that you lived in a qualified rented residence in California.  
See instructions ..... ☐ 5. \_\_\_\_\_ months
6. If the address where you lived during 2001 is different than the address you entered in Step A, or if the address in Step A is a post office box, enter your 2001 residence address. (If more than one rented residence attach a list.)  

Street Address	City
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
State and ZIP Code	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
7. Enter the name, address, and telephone number of your landlord or the person to whom you paid rent during 2001.  

NAME	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
ADDRESS	APT. OR UNIT NO.
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
CITY	STATE and ZIP CODE
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
TELEPHONE ( )	

**STEP D**

Income of household members

On line 8 through line 13 enter your total household income for the 2001 calendar year. See instructions on page 8 and page 9.

(Dollars) (Cents)

8. Social Security and/or Railroad Retirement ..... 8.
9. Interest, Dividends, and/or Gain (or Loss) ..... 9.
10. Pensions and/or Annuities ..... 10.
11. SSI/SSP, AB, and ATD (Gold Check). See page 9 ..... 11.  
(full year total)
12. Rental and Business Income (or Loss) ..... 12.  
See page 9. Do not enter your monthly rent payments.
13. Other Income (including wages). See page 9 ..... 13.
14. SUBTOTAL. Add line 8 through line 13 ..... 14.

**STEP E**

Adjustments to income

15. Adjustments to Income. See page 10 ..... 15.

**STEP F**

Total household income

16. TOTAL HOUSEHOLD INCOME IN 2001.

Subtract line 15 from line 14 ..... • 16.  
If line 16 is more than \$37,119, stop. **You do not qualify.**

**STEP G**

Renter assistance claimed

**You do not have to complete line 17. If you stop here, we will figure the amount of assistance for you.**

17. Renter assistance claimed. (Cannot exceed \$347.50)  
See page 17 ..... ■ 17.

**Reminder**

If this is your first year filing a Renter Assistance claim and you did not receive SSI, please provide proof of your age, disability, or blindness.

If you filed a claim last year and are under 62 years old, you will need to provide proof of your temporary disability if you did not receive SSI. (This is an annual requirement)

**STEP H**

Signature, date, and telephone number

**Caution:** To avoid delay of your check, be sure to provide all requested information, sign below, and mail to: **FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or federal agencies to confirm my eligibility for the Renter Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge, true, correct, and complete.

Sign Here ➡

X \_\_\_\_\_ Date \_\_\_\_\_  
Claimant's signature

Claimant's Daytime Telephone Number ( ) \_\_\_\_\_

Paid Preparer's Use Only

PREPARER'S SIGNATURE ➡	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number/PTIN
FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS ➡			FEIN/PTIN
			TELEPHONE ( )

Do not write in this space

Do not write in this space

<b>L</b>	<b>D</b>	<b>I</b>	<b>A</b>	<b>R</b>	<b>RES</b>

# Worksheet to Figure the Amount of Renter Assistance

If you want, we will figure the amount of renter assistance for you. You may, however, figure this amount as follows:

If you were a qualified renter for **all of 2001**, your allowable assistance will be based on the total household income (form FTB 9000R, line 16) as shown in the Renter Assistance Schedule below.

If you were a qualified renter for **less than 12 months** during 2001 complete line 1 through line 4 to figure your assistance.

1. Enter the amount of assistance from the Renter Assistance Schedule below for your total household income shown on form FTB 9000R, line 16 . . . . . 1. \$ \_\_\_\_\_
2. Enter the total number of months during 2001 that you lived in a qualified rented residence in California shown on form FTB 9000R, line 5 . . . . . 2. x \_\_\_\_\_
3. Multiply the amount on line 1 by the number on line 2 . . . . . 3. \$ \_\_\_\_\_
4. Divide the answer on line 3 by 12 (months). This is your allowable assistance. Enter this amount on form FTB 9000R, line 17 . . . . . 4. \$ \_\_\_\_\_

**Example:** Total household income is \$13,611 and the residence was rented for 9 months.

1. Amount of assistance from the Renter Assistance Schedule below . . . . . 1. \$ 290.00
2. Number of months shown on form FTB 9000R, line 5 . . . . . 2. x 9
3. Multiply line 1 by line 2 . . . . . 3. \$2,610.00
4. Divide line 3 by 12 (months). This is your allowable assistance . . . . . 4. \$ 217.50

## Renter Assistance Schedule

If your total household income is		Your renter assistance is	If your total household income is		Your renter assistance is
From	To		From	To	
\$0	\$ 9,279	\$347.50	20,418	21,035	147.50
9,280	9,898	340.00	21,036	21,654	135.00
9,899	10,516	332.50	21,655	22,272	122.50
10,517	11,135	327.50	22,273	22,890	112.50
11,136	11,755	320.00	22,891	23,510	102.50
11,756	12,373	312.50	23,511	24,128	90.00
12,374	12,991	305.00	24,129	24,746	80.00
12,992	13,610	297.50	24,747	25,365	72.50
13,611	14,229	290.00	25,366	25,983	65.00
14,230	14,848	282.50	25,984	26,602	57.50
14,849	15,466	275.00	26,603	27,221	50.00
15,467	16,085	265.00	27,222	27,839	42.50
16,086	16,704	250.00	27,840	29,387	37.50
16,705	17,323	235.00	29,388	30,933	30.00
17,324	17,941	220.00	30,934	32,481	25.00
17,942	18,560	207.50	32,482	34,027	22.50
18,561	19,178	192.50	34,028	35,573	17.50
19,179	19,796	177.50	35,574	37,119	15.00
19,797	20,417	162.50	37,120	And Over	0.00